

AMENDED

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. 07

Debtor MARY H. CARR SS#XXX-XX-9025 Current Mo. Income \$2980.56
 Joint Debtor _____ SS#XXX-XX-_____ Current Monthly Income \$ _____
 Address: 1270 WOODFIELD DR., JACKSON, MS 39211 DEPENDENTS: _____

TAX REFUNDS AND EIC FOR DISTRIBUTION: \$ _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENTS AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the TRUSTEE only if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$708.00 MO. @ \$327.00 per (monthly/semi-monthly/weekly/bi-weekly based on 26 pymts to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: MS METHODIST HOSPITAL & REHAB CNTR
 (B) ATTN: PAYROLL
 (C) 1350 EAST WOODROW WILSON
JACKSON, MS 39216 -5112

- (D) Joint Debtor shall pay \$ _____ per (monthly/semi-monthly/weekly/bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @: _____

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$9462.10 @ \$157.70
mo.

State Tax Commission \$ @ \$/mo Other \$ _____ @ \$ _____ / mo.

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: NA

beginning _____ in the amount of \$ _____ per month shall be paid:
 _____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: NA

in the amount of \$ _____ shall be paid \$ _____ per month:
 _____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: CITIFINANCIAL MTG BEGINNING 2/2007 @ \$1061.00 MO () Plan (X) Direct
 MTG PMTS TO: _____ BEGINNING _____ @ _____ () Plan () Direct
 MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () Plan () Direct
 MTG ARREARS TO: _____ THROUGH _____
 MTG ARREARS TO: _____ THROUGH _____

Debtor's Initials HC Joint Debtor's Initials _____ CHAPTER 13 PLAN, PAGE 1 OF _____

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under U.S.C.1325(a)(5)(B)(i) until plan is completed and to be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

<u>Creditor's Name</u>	<u>Collateral</u>	<u>Approx Amt. Owed</u>	<u>Value</u>	<u>int. Rate</u>	<u>Tot. pd.</u>	<u>mtlly</u>
x NUVELL	03 CADILLAC	\$20,138.00	NA	12%	\$22,689.34	\$378.16
<u>CITINANCIAL</u>	<u>PP</u>	<u>\$2985.00</u>	<u>\$1000.00</u>	<u>12%</u>	<u>\$1334.67</u>	<u>\$22.24</u>

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBTOR. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

<u>Creditor's Name</u>	<u>Collateral or Type of Debt</u>	<u>Approx. Amt. Owed</u>	<u>Proposal to Pay</u>
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SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: _____

UNSECURED DEBTS totaling approximately \$27,512.71 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: _____ IN FULL or 10% PERCENT) MIN.

Total Attorney Fees Charged \$2200.00 Pay administrative costs and debtor's attorney fees Attorney Fees previously Paid \$226.00 pursuant to Court Order and/ or local rules. Attorney Fees to be paid through the plan \$1974.00.

Name/Address/Phone# of Vehicle Insurance Co./Agent _____

Attorney for Debtor (Name/Address/Phone# Email _____

GREGORY K. DAVIS

1441 LAKEOVER ROAD

JACKSON, MS 39213

Telephone/Fax _____

Telephone (601) 981-2800 FAX (601) 981-7979

Email Address dgwlaw-gkd@att.net

DATE: _____

DEBTOR'S SIGNATURE

Mary H. Davis

JOINT DEBTOR'S _____

ATTORNEY'S SIGNATURE

Gregory K. Davis

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